

Understanding the implementation
of community case management of
childhood illness in Indonesia:
families' and primary health care
workers' perspectives

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Certificate of original authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate:

A handwritten signature in black ink, appearing to read 'Ayesha Khan', is written on a light yellow rectangular background.

Date: 14 July 2014

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Pictures from the Field



I was pictured doing a home visit with a PHCW to assess a newborn



I observed the assessment of a newborn by a PHCW in the family home



I am pictured outside a community health centre (*Puskesmas*)



PHCWs training



Roads in villages were muddy when wet



Some villages were separated by rivers and straits

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List of Abbreviations

BASICS	Basic Support for Institutionalizing Child Survival
BOK	<i>Biaya Operasional Kesehatan</i> (Operational Health Funding)
CCM	Community Case Management
CHW	Community Health Worker
C-IMCI	Community Integrated Management of Childhood Illness
CKMC	Community Kangaroo Mother Care
DTPS	District Team Problem Solving
FGD	Focus Group Discussion
HIC	High Income Country
HREC	Human Research Ethics Committee
ICN	International Council of Nurses
ID	Interpretive Description
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPKKI	Ikatan Perawat Kesehatan Komunitas Indonesia (Indonesian Community Health Nurses Association)
IPNC	Integrated Postnatal Care
<i>Jamkesda</i>	<i>Jaminan Kesehatan Daerah</i> (Local Health Insurance)
<i>Jamkesmas</i>	<i>Jaminan Kesehatan Masyarakat</i> (Community Health Insurance)
JHPIEGO	A non-government organisation affiliated to John Hopkins University
JSI	John Snow Institute
KMC	Kangaroo Mother Care
LMIC	Low and Middle Income Country
MAWG	Multi Agency Working Group

MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MNCH	Maternal Neonatal and Child Health
NGO	Non-Governmental Organisation
PHC	Primary Health Care
PHCW	Primary Health Care Worker
<i>Posyandu</i>	<i>Pos Pelayanan Terpadu</i> (Integrated Health Clinic)
PPNI	<i>Persatuan Perawat Nasional Indonesia</i> (Indonesian National Nurses Association)
<i>Puskesmas</i>	<i>Pusat Kesehatan Masyarakat</i> (Community Health Centre)
RDT	Rapid Diagnostic Test
RUTF	Ready-to-Use Therapeutic Foods
SBMR	Standard-Based Management and Recognition
SIPP	<i>Surat Izin Praktek Perawat</i> (the permission letter for nursing practice)
UI	<i>Universitas Indonesia</i> (University of Indonesia)
UN	United Nations
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
UTS	University of Technology Sydney
WHO	World Health Organization

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Abstract

Indonesia is striving to achieve the Millennium Development Goal 4 target of less than 23 infant deaths per 1000 live births by 2015. In order to reach this target, a community case management (CCM) model, was introduced by the American funded Maternal and Child Health Integrated Program (MCHIP) and the Indonesian Ministry of Health (MoH) in 2011. Little is known about how CCM has been delivered and there is no research that examines the factors that contribute to the successful implementation of CCM in Indonesia. The aim of this research was to gain insight into how CCM was implemented in the Kutai Timur district, East Kalimantan, Indonesia from the perspective of primary health care workers (PHCWs): community nurses, midwives and community health workers; and from the families who received care.

Interpretive description was used to gain insight into participants' perceptions and experiences. This method allowed me to generate knowledge about the implementation of CCM and to gain an understanding of the experience of the participants involved and the impact on health and health care practice. Data were collected following PHCWs training and the initial phase of implementation. Interviews were conducted with six key informants from MCHIP, MoH, the district health office and *Puskesmas* (community health centres), three program supervisors, 15 PHCWs and seven mothers. PHCWs were observed while delivering interventions to families. One focus group discussion was conducted with PHCWs and documents related to the CCM implementation were analysed.

Five main themes emerged: improved family wellbeing; enhanced PHCWs' practice; barriers to CCM implementation; enablers of CCM implementation; and cultural influences. It was reported that families' access to care improved, along with the family's satisfaction of care, compliance with care plans and health literacy. In addition, it was found that the program had increased PHCWs' family and child health knowledge and professional confidence to deliver evidenced-based practice, in conjunction with improved clinical reasoning and more structured clinical intervention.

Despite the reported success of the CCM program, a number of barriers and concerns highlight the need for programs to be better tailored to the socio-cultural context. An integrated model of community child health delivery that emphasises the importance of health system strengthening; the improved alignment of child health programs with maternal, newborn and reproductive programs; PHCWs support; and community participation is proposed. This model can be used to guide the implementation of community case management models in the rural Indonesian context.